

Request for Information

Plan Name:

Plan EIN:

Plan Year Ended:

Plan Number:

Information reported on your Form 5500, Schedule SB, shows an adjusted funding target attainment percentage (AFTAP) of XX%.

The funding target attainment percentage (FTAP) is the actuarial value of plan assets minus any credit balances divided by the funding target (the present value of all benefits that have accrued as of the first day of the plan year). The adjusted funding target attainment percentage (AFTAP) is calculated in the same manner as the FTAP except that both the value of plan assets and the funding target are increased by the aggregate amount of annuities purchased by the plan for plan participants other than highly compensated employees during the two preceding plan years.

When your AFTAP is less than 80%, certain benefit restrictions apply. The rules related to benefit restrictions are given under IRC § 436.

1. Was the AFTAP reported on Form 5500, Schedule SB, line 15, the correct AFTAP for the year?

☐ Yes ☐ No - Explain:

2. Was the AFTAP reported on Form 5500 Schedule SB line 15 certified in writing by a plan actuary?

☐ Yes – Date of Certification _____ ☐ No

3. What was the plan's AFTAP for the prior year? _____

4. Was the prior year AFTAP certified in writing by a plan actuary?

☐ Yes – Date of Certification _____ ☐ No
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5. Is the plan sponsor in bankruptcy?

☐ Yes Date: _____ ☐ No

6. If the plan was in operation prior to September 1, 2005, was the plan frozen on or before September 1, 2005?

☐ Yes Date of freeze _____ ☐ No ☐ N/A

If the answer is yes, was there any increase in benefits for any employee after September 1, 2005 including COLA increases to 415 limits, a plan amendment, or a merger with another plan?

☐ Yes ☐ No ☐ N/A

7. Did a plan amendment take effect during the plan year that increased benefits, increased the rate of accrual, increased the rate of vesting, or established new benefits?

☐ Yes – Date of amendment _____ Briefly describe the amendment _____

☐ No

8. Were any lump sum benefits paid from the plan (other than automatic cash outs less than \$5,000)?

☐ Yes – Complete the following table:

Name	Social Security Number	Present Value of Total Benefit	Amount of Lump Sum Payment	Date Paid

☐ No

9. Were there any accelerated payments made, other than lump sum payments, such as installment payments for a temporary period, that were amounts greater than the participant would have received under a straight life annuity plus any temporary Social Security Supplement?

☐ Yes – Complete the following table:

Name	Social Security Number	Form of Accelerated Payment	Present Value of Total Benefit	Present Value of Accelerated Payment	Date(s) Paid

☐ No

10. Were any payments made during the plan year for the purchase of irrevocable insurance contracts?

☐ Yes – Provide details of each purchase including insurance company, date of purchase, purchase price, present value of total benefit and for whom contracts were purchased:

☐ No

11. Were any assets or liabilities transferred from or to another plan maintained by the employer (or the employer's controlled group) to avoid IRC § 436 restrictions?

☐ Yes – date of transfer _____ Amount transferred _____ ☐ From ☐ To

☐ No

12. If the plan's AFTAP was less than 60%, did benefit accruals cease as of the applicable measurement date?

☐ Yes – Date accruals ceased _____ ☐ No ☐ N/A

13. Other Comments: _____

<i>Name</i>	<i>Title</i>
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<i>Email address</i>	<i>Telephone</i>
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